

REPORT SURVEY		1. DATE OF SURVEY	2. TYPE OF REPORT	
3. PERSON TO CONTACT REGARDING REPORT	NAME ██████████ 25X1A9a	3 November 1955	REQUIRED	<input checked="" type="checkbox"/> PREPARED
4. REPORT TITLE		COMPOHENT	ROOM NO. AND BLDG.	PHONE
Foreign Travel under Area Familiarization and Survey Programs		General Counsel	221 East	712
5. AUTHORITIES OR DIRECTIVES REQUIRING THIS REPORT				
DCI      FM 22-510-1				
6. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.)		7. REPORT FORMAT (Form no., memorandum, machine tabulation, etc.)		
Semi-annual		Memorandum		
8. DATE REPORT IS DUE		9. NUMBER OF REPORTS RECEIVED/PREPARED ANNUALLY IF REPORT IS A "SITUATION" REPORT		
1 June - 1 December				
10. OFFICES OR ACTIVITIES REQUIRED TO SUBMIT THIS REPORT		11. DISTRIBUTION OF THIS REPORT		
All Agency components		ORIGINAL: DD/S COPIES: General Counsel		
12. ESTIMATE OF THE NUMBER OF MAN HOURS REQUIRED TO PREPARE THIS REPORT ONE TIME. INCLUDE MAN HOURS REQUIRED AT ALL LEVELS TO MAINTAIN RECORDS, COLLECT DATA, PREPARE FEEOEER REPORTS, AND COMPILE THE FINAL REPORT. . . . .				1 hour.
13. COMPLETE THE FOLLOWING AS APPROPRIATE TO EITHER A "REQUIRED" OR "PREPARED" REPORT, OR BOTH, USING SPACE 14 IF NECESSARY.				YES NO
A. DOES THIS REPORT DUPLICATE IN WHOLE OR IN PART ANY OTHER REPORT? IF SO PLEASE EXPLAIN.				
B. IS THE INFORMATION REPORTED IN MORE DETAIL, SUBMITTED MORE FREQUENTLY, OR GIVEN WIDER DISTRIBUTION THAN IS CONSIDERED NECESSARY TO SERVE THE PURPOSES FOR WHICH THE REPORT WAS ESTABLISHED?				<input checked="" type="checkbox"/>
C. IS THIS REPORT THE RESULT OF AN ADMINISTRATIVE OR PROCEDURAL PROBLEM WHICH SHOULD BE CORRECTED RATHER THAN REPORTED ON?				<input checked="" type="checkbox"/>
D. COULD THE PURPOSES OF THIS REPORT BE SERVED BY DIRECT SUPERVISION OR INSPECTION, OR BY BRIEFINGS, STAFF MEETINGS, ETC.?				<input checked="" type="checkbox"/>
E. HAS OFFICE ROUTINE EVER BEEN DISRUPTED OR HAS OVERTIME EVER BEEN REQUIRED TO MEET THE SUBMISSION DATE FOR THIS REPORT?				<input checked="" type="checkbox"/>
F. DO YOU RECOMMEND THAT THE FORM OR FORMAT OF THIS REPORT BE REVISED WITH RESPECT TO:				
(1) SPACING? . . . . .				
(2) WEIGHT OF PAPER? . . . . .				
(3) POSSIBLE ELIMINATION OF TRANSMITTAL CORRESPONDENCE? . . . . .				<input checked="" type="checkbox"/>
G. IF THE REPORT IS REPRODUCED BY MIMEOGRAPH, DITTO, MULTILITH, ETC., DO YOU RECOMMEND THE PROCUREMENT OF REPRODUCIBLE MASTERS WITH HEADINGS, LINES, ETC. PREPRINTED THEREON TO EXPEDITE PREPARATION OF THE REPORT?				<input checked="" type="checkbox"/>
H. WOULD YOUR OFFICE DISCONTINUE:				<input checked="" type="checkbox"/>
(1) MAINTAINING . . . . .				
(2) COMPILING . . . . .				
THE DATA BEING SUBMITTED IN THIS REPORT IF THE REQUIREMENT FOR IT IS NOT NECESSARY?				<input checked="" type="checkbox"/>

Approved For Release 2001/08/13 : CIA-RDP59-00882R000300200010-3

14. REMARKS (If you require this report, briefly state its purpose, and fully justify its continuance. State any contemplated action for continuing the report. Consider changes in conditions since the report was established. If you prepare this report, furnish a general opinion of its value. Cite any evidence or lack of evidence that the report is worth its cost. Recommend any improvements, including methods for preparing and submitting the report.)

☐ CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEF OF COMPONENT

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE

7 Nov 1955

TITLE

LAWRENCE R. HOUSTON  
General Counsel

SIGNATURE

LSI